

Name  
in  
Full

Ella Virginia Blackston

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Dorsey</i> Town		<i>Howard</i> County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>May</i>	Day	<i>7</i>
Age		<i>0</i>	Years	<i>8</i>	Months
Sex		<i>Female</i>	Color or Race	<i>Cocooned</i>	Birth-place
Occupation		<i>None</i>	Where Residing if not at place of death		
<i>Dorsey.</i>					
Married, Single or Widowed		Name of Wife or Husband			
<i>0</i>					
Father's Name		<i>Horace Blackston Jr</i>		Father's Birthplace	<i>md</i>
Mother's Maiden Name		<i>Anita Simpson</i>		Mother's Birthplace	<i>md</i>
Name of person giving information		<i>Horace Blackston Jr</i>		How related to deceased	<i>Father</i>

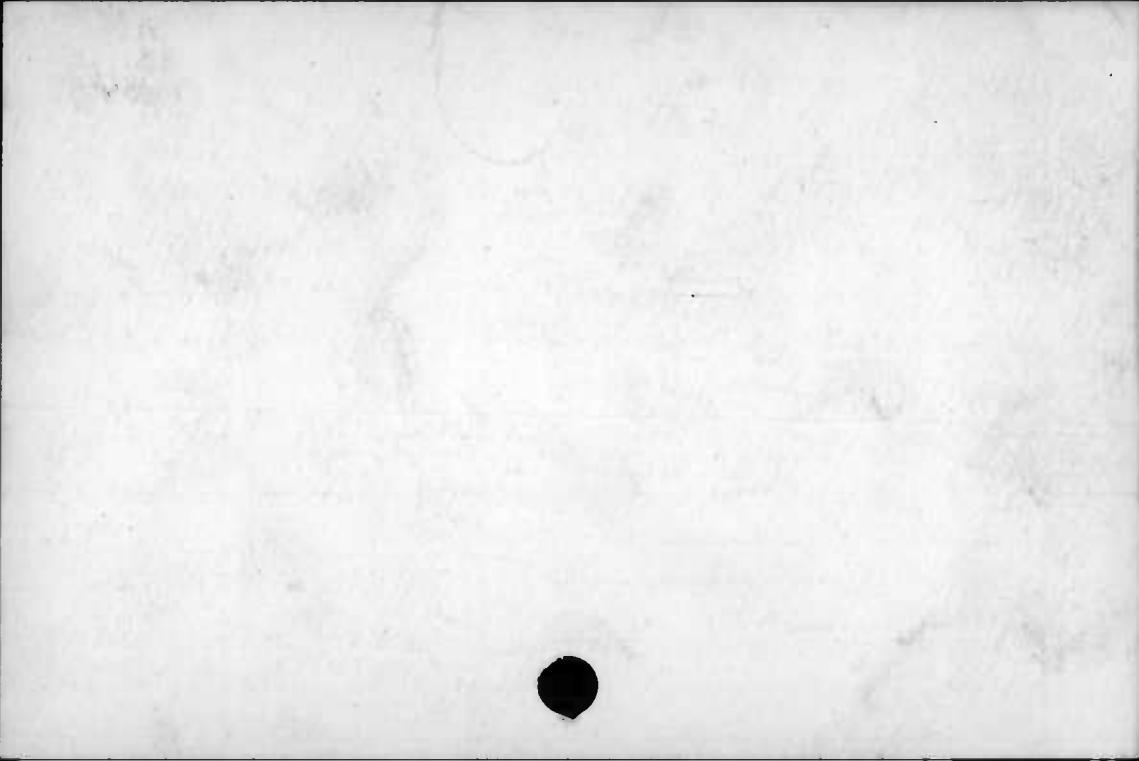
## CAUSES OF DEATH

How long *1 wk*How long *3 days*PHYSICIAN  
OR CORONER

Primary	<i>Measles</i>
Immediate	<i>Broncho pneumonia</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>
Accident or Suicide?	

Signature of Physician *W. R. Eareckson*

Address *East Ridge*



Name  
in  
Full

Adam Borkofsky

CERTIFICATE OF DEATH ✓

Town

County

MARYLAND

Died in

Howard

Date

Month

Day

Years

Months

Days

of death

1908

May

19

Age

—

—

27

Sex

male

Color or  
Race

white

Birth-  
place

Howard Co Md

Occupation

none

Where Residing if not  
at place of death

resided at place of death

Married, Single  
or Widowed

single

Name of Wife or  
HusbandFather's  
Name

Stanislaus Borkofsky

Father's  
Birthplace

German Poland

Mother's  
Maiden Name

Annie Heinebauer

Mother's  
Birthplace

Maryland

Name of person giving  
Information

Annie Borkofsky

How related  
to deceased

mother

## CAUSES OF DEATH

151

Primary

Influenza

How long

27 days

Immediate

Influenza

How long

"

Are the name, age, sex, color, date  
and place correctly given above?

yes

Signature of  
Physician

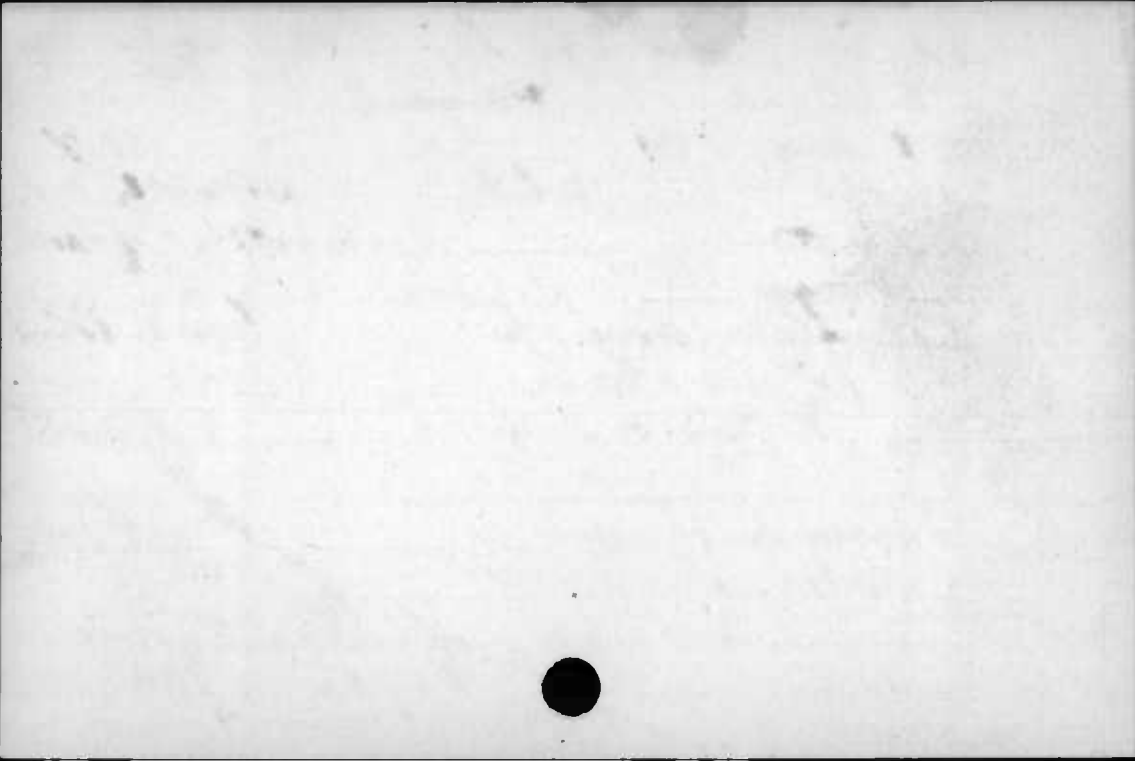
Address

Arthur Williams  
Elk Ridge Howard  
Co Maryland

Accident or Suicide?

no

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



Name  
in  
Full

Isaac Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at Highland Town Howard County

Date of death 1908 Month May Day 19 Age 82 Years Months 3 Days

Sex Male Color or Race White Birth-place Md

Occupation Turner Where Residing if not at place of death Highland

Married, Single or Widowed Widower Name of Wife or Husband Sophie Brown

Father's Name Wm Brown Father's Birthplace Md

Mother's Maiden Name do not know Mother's Birthplace Md

Name of person giving information Wilbur Russell How related to deceased Nephew

## CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary Valvular Heart How long 3 months

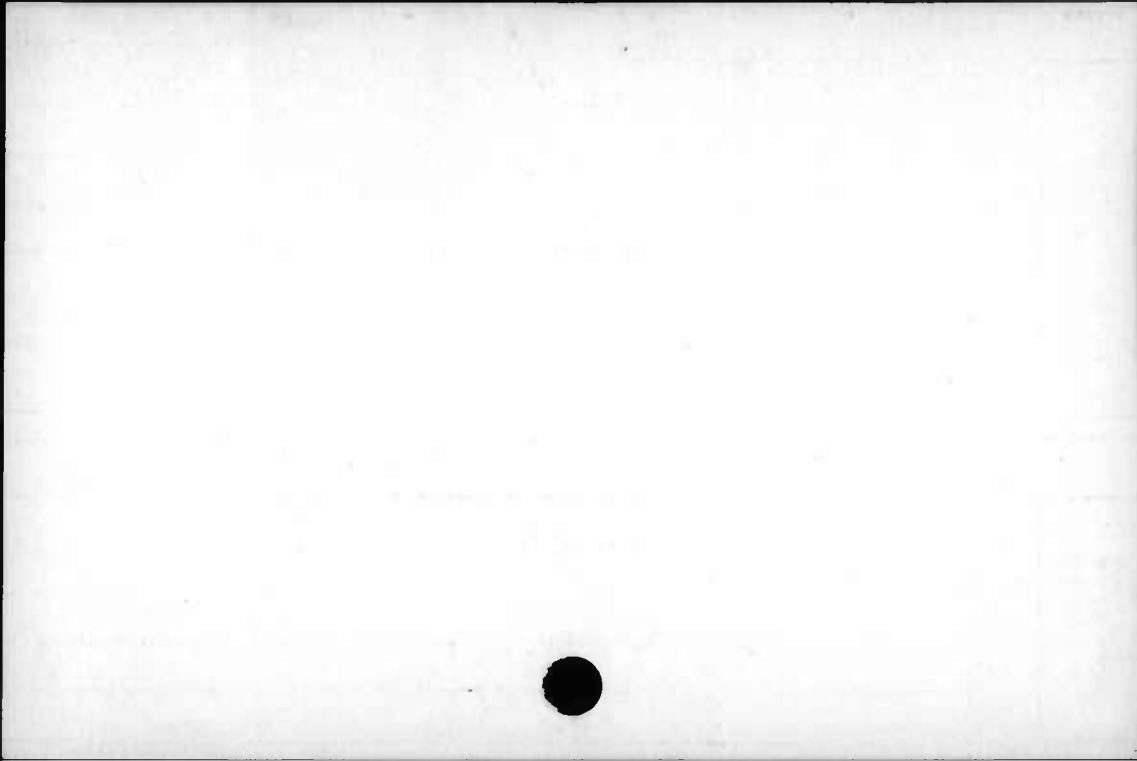
Immediate Edema How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician S A Richard

Address Layton Md

Accident or Suicide?



Name In Full

Certificate of Death

William Harrison Brown  
 Town Elk Ridge County Howard

Died at

MARYLAND

Date 189 8 Month May Day 3 Y. 7 M. 5 D. Ind Native of Ind Occupation  
 Male White Married Widow Divorced  
~~Female~~ Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Measles (6) How long sick one week  
 Death Pneumonia OVER Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Examined by Wm R. Connelton  
of Elk Ridge Ind

Seen by Coroner Henry S Bell  
of Elk Ridge Ind

Information contained in this certificate re-  
ceived from Henry S Bell  
of Elk Ridge



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

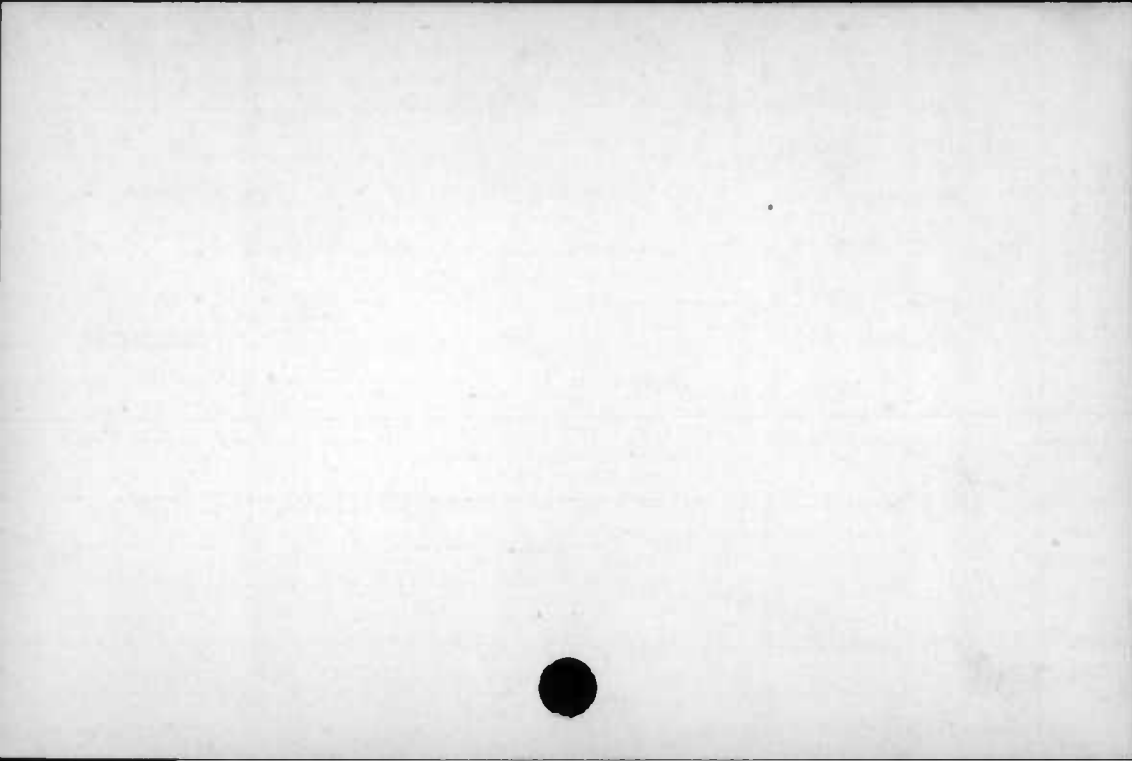
Died at <i>near Dorsey</i>		Town <i>Care</i>		County <i>Howard</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>May</i>		Day <i>10</i>		Years <i>4</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>		Months <i>8</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>resided at place of death</i>		Days <i>10</i>			
Married, Single or Widowed <i>single</i>		Name of Wife or Husband					
Father's Name <i>Walter Care</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Dora Grammar</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Walter Care</i>		How related to deceased <i>Father</i>					

## CAUSES OF DEATH

9

PHYSICIAN  
OR CORONER

Primary	<i>Diphtheria</i>	How long	<i>8 days</i>
Immediate	<i>same</i>	How long	<i>same</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Arthur Williams</i>
		Address	<i>Elk Ridge Md</i>
Accident or Suicide?			



Name In Full		CERTIFICATE OF DEATH			
Mary A Chambers		TOWN County			
Died at Portchick near Elliott City Howard		MARYLAND			
Date of death 1908		Month May	Day 9	Years no	Months 3 Days 20
Sex Female		Color or Race Colored		Birthplace Maryland	
Occupation none		Where Residing if not at place of death Portchick			
Married, Single or Widowed Single		Name of Wife or Husband none			
Father's Name William Chambers		Father's Birthplace Maryland			
Mother's Maiden Name Minnie Gardner		Mother's Birthplace Maryland			
Name of person giving information William Chambers		How related to deceased Father			
CAUSES OF DEATH					
Primary Whooping Cough		How long 3 wks.			
Immediate Spasms		How long Progressive			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician W. C. Sherry			
		Address Elliott City			
Accident or Suicide?					

St Stephens cemetery

Name  
in  
Full

Ernest L. Harman

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

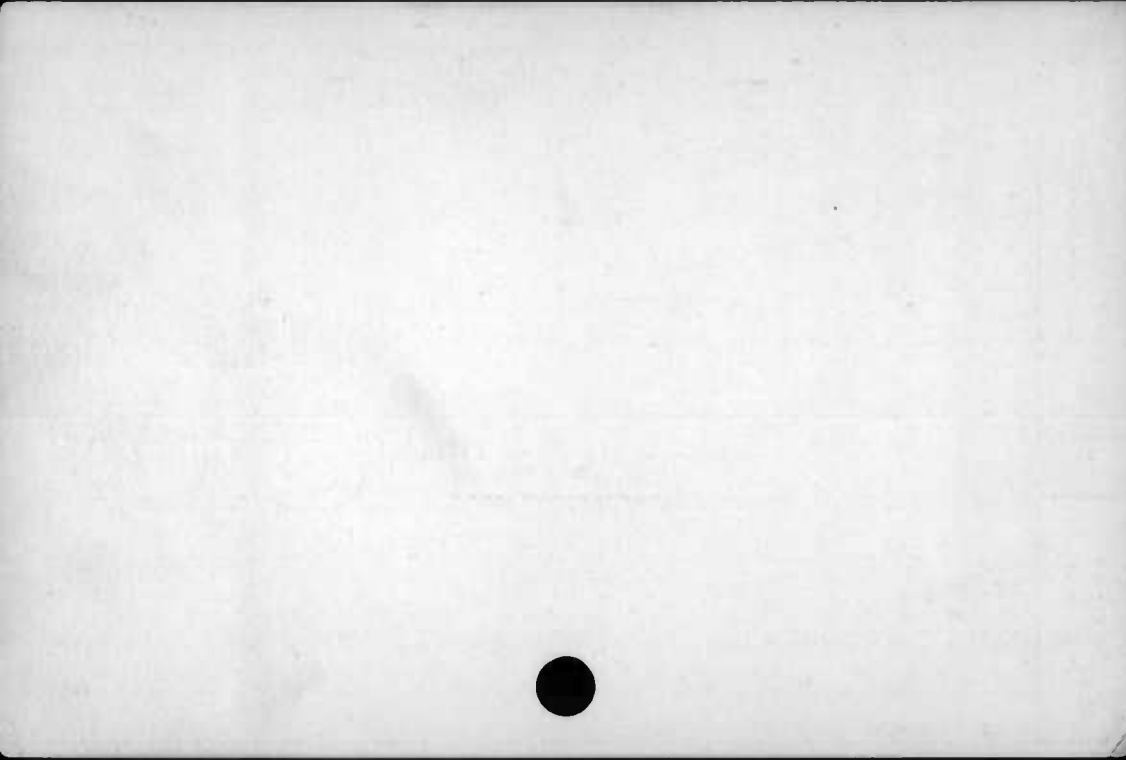
Died at <u>Gaithers</u> Town		<u>Howard</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>May</u>	Day <u>6<sup>th</sup></u>	Age	Years	Months <u>9</u> Days
Sex <u>Male</u>		Color or Race <u>white</u>		Birth-place <u>Gaithers</u>	
<u>Occupation</u>			Where Residing if not at place of death		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <u>Charles E. Harman</u>			Father's Birthplace <u>Fredrick Co Md</u>		
Mother's Maiden Name <u>Hellie B. Snyder</u>			Mother's Birthplace <u>Howard Co Md</u>		
Name of person giving information <u>Charles E. Harman</u>			How related to deceased <u>Father</u>		

## CAUSES OF DEATH

64

PHYSICIAN  
OR CORONER

Primary <u>Cerebral Haemorrhage</u>	How long <u>2 days</u>
Immediate <u>Convulsions</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Benj. F. Shipley</u>
	Address <u>Alpha Md</u>
Accident or Suicide?	



Name  
in  
Full

Margaret Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

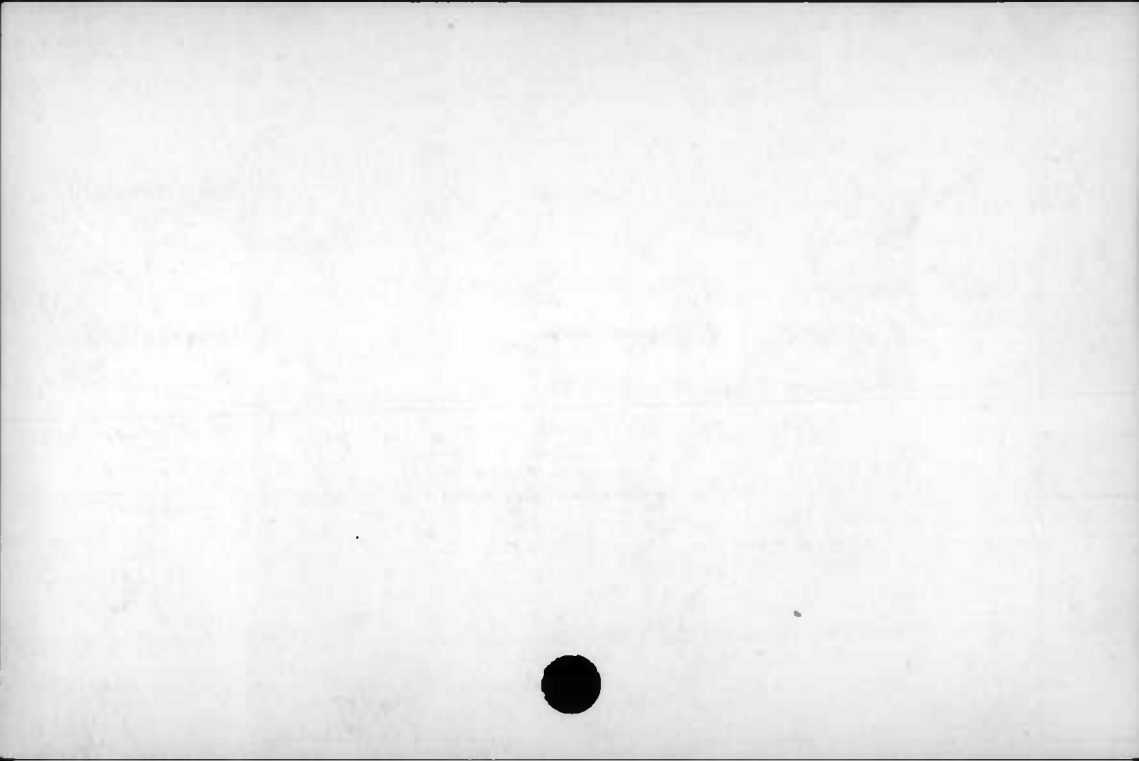
Died at <i>Pothick near Elliott City</i>		Town <i>Howard</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month <i>May</i>	Day <i>11</i>	Age <i>40</i>	Years	Months <i>11</i>	Days <i>40</i>
Sex <i>Female</i>	Color or Race <i>colored</i>		Birth-place <i>Maryland</i>				
Occupation <i>none</i>	Where Residing if not at place of death <i>Pothick near Elliott City</i>						
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>						
Father's Name <i>Elijah Jackson</i>	Father's Birthplace <i>Maryland</i>						
Mother's Maiden Name <i>Annie Ragler</i>	Mother's Birthplace <i>Maryland</i>						
Name of person giving information <i>Wm H Jackson</i>	How related to deceased <i>Daughter</i>		<i>Grand child</i>				

CAUSES OF DEATH

8

PHYSICIAN  
OR CORONER

Primary <i>Whooping Cough</i>	How long <i>6 wks</i>
Immediate <i>Exhaustion</i>	How long <i>1 wk</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W. C. Smith</i>
	Address <i>Elliott City</i>
Accident or Suicide?	





Name in Full		Edward Louman				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Howard		MARYLAND	
		Date of death		Age		Days	
		Month		Years		Months	
		Day		In		No	
		Sex		Color or Race		Birth-place	
Male		Colored		Maryland			
Occupation		Where Residing if not at place of death		Ellicott City			
None							
Married, Single or Widowed		Name of Wife or Husband		None			
Single							
Father's Name		Father's Birthplace		Maryland			
Edward Louman							
Mother's Maiden Name		Mother's Birthplace		Maryland			
Elizabeth Louman							
Name of person giving information		How related to deceased		Mother			
Elizabeth Louman							
		CAUSES OF DEATH		71			
PHYSICIAN OR CORONER		Primary		How long			
		Spasms		1 day			
		Immediate		How long			
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician			
				Milton Easton Undertaker			
				Address			
				Ellicott City			
Accident or Suicide?							

Fort Guilbo cemetery

Name In Full		Town				County		CERTIFICATE OF DEATH			
Joseph E Myers.		Died at		Chester		Howard		MARYLAND			
Date of death		1908		Month		May		Day		18	
Age		20		Years		7		Months		Days	
Sex		Male		Color or Race		White		Birth-place		Maryland	
Occupation		None		Where Residing if not at place of death		Chester					
Married, Single or Widowed		Single		Name of Wife or Husband		None					
Father's Name		Andrew Myers		Father's Birthplace		Maryland					
Mother's Maiden Name		Katie Miller		Mother's Birthplace		Maryland					
Name of person giving information		Andrew Myers		How related to deceased		Father					
				CAUSES OF DEATH		105					
Primary		Gastric Indigestion		How long		2 days					
Immediate		Auto-intoxication		How long		12 hrs.					
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		W. C. Smith		Address		Edicott City, Md.			
Accident or Suicide?											

*Ilechester Cemetery*

Name  
in  
Full

Mary P. Neurautes

CERTIFICATE OF DEATH ✓

TO BE ANSWERED BY  
NEAREST FRIEND

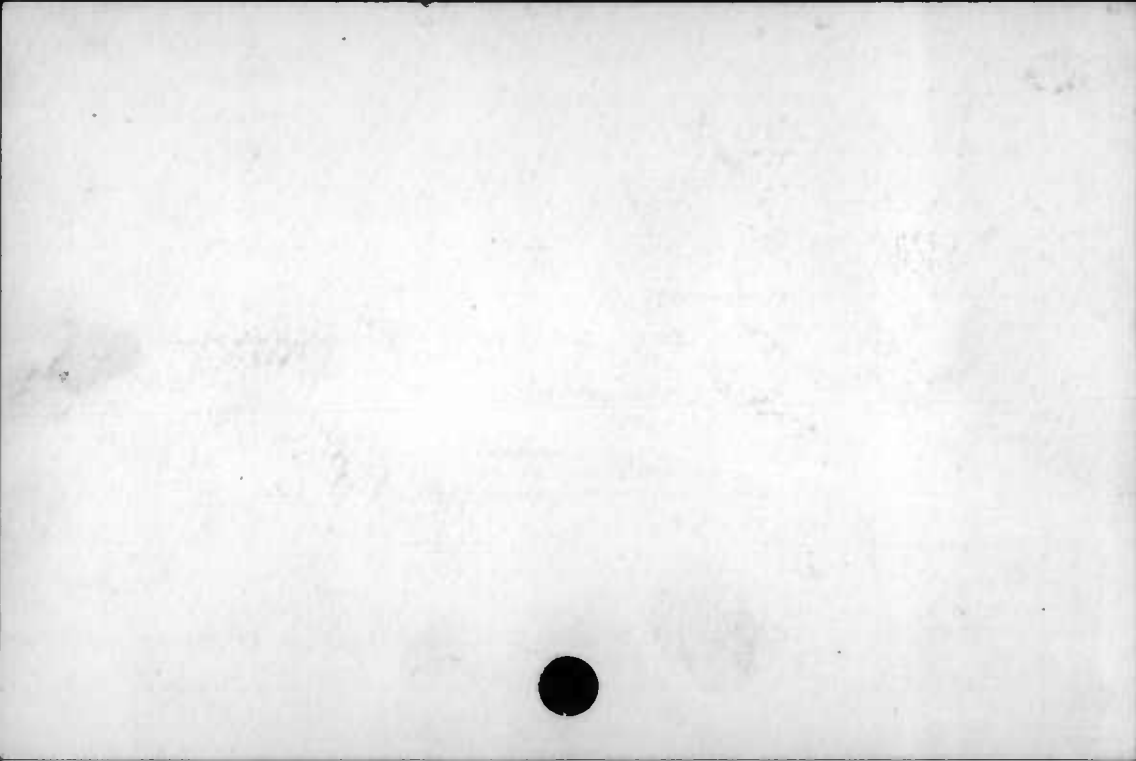
Died at <sup>Town</sup> <i>Eek Ridge</i>		<sup>County</sup> <i>Howard</i>		MARYLAND	
Date of death	<i>1908</i>	Month <i>May</i>	Day <i>26</i>	Age <i>20</i>	Months <i>8</i> Days <i>13</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>		
Occupation <i>Cloak maker</i>	Where Residing if not at place of death <i>Baltimore, Md.</i>				
Married, Single or Widowed	Name of Wife or Husband <i>None</i>				
Father's Name <i>Joseph Neurautes</i>	Father's Birthplace <i>Germany</i>				
Mother's Maiden Name <i>Athalie Orren</i>	Mother's Birthplace <i>Maryland</i>				
Name of person giving information <i>Violet Orren</i>	How related to deceased <i>Cousin</i>				

## CAUSES OF DEATH

27

PHYSICIAN  
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>13 months</i>
Immediate <i>Starvation</i>	How long <i>3 or 4 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Wm R. Eareckson</i>
	Address <i>Eek Ridge, Md.</i>
Accident or Suicide?	



Name  
in  
FullTO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

Elizabeth Bromwell Norris

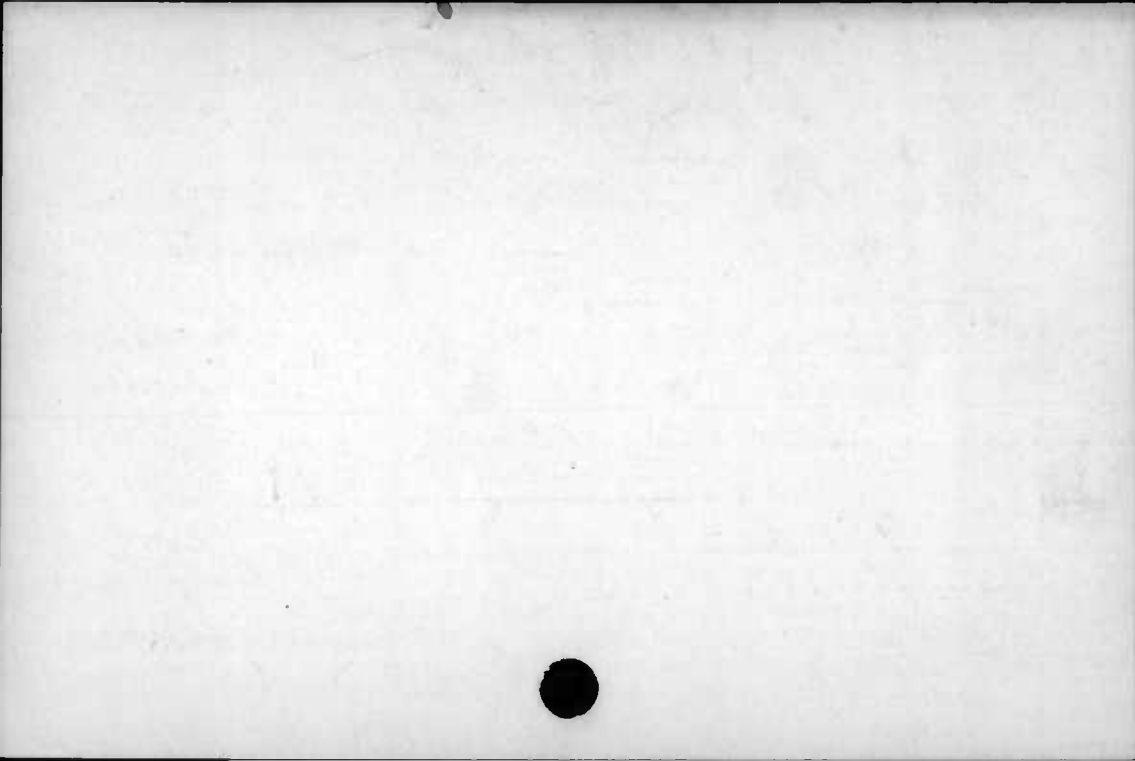
CERTIFICATE OF DEATH

Died <i>near Elk Ridge</i>		Town <i>Howard</i>		County <i>Howard</i>		MARYLAND	
Date of death <i>1908 May 23</i>		Month <i>May</i>		Day <i>23</i>		Years <i>49</i>	
Sex <i>female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>		Months <i>6</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>Resided at place of death</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>Charles Sidney Norris</i>		Father's Birthplace <i>Maryland</i>					
Mother's Maiden Name <i>Elizabeth Bromwell</i>		Mother's Birthplace <i>Maryland</i>					
Name of person giving information <i>Richard C Norris</i>		How related to deceased <i>Brother</i>					

## CAUSES OF DEATH

69

Primary	<i>Epilepsy</i>	How long	<i>many years</i>
Immediate	<i>Epileptic Convulsion</i>	How long	<i>half hour</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>Arthur Williams</i>
		Address	<i>Elk Ridge Md</i>
Accident or Suicide?			<i>no</i>





Name

in  
Full

CERTIFICATE OF DEATH

Alta V. Radcliffe

TO BE ANSWERED BY  
NEAREST FRIEND

Died at *Ellicott City* <sup>Town</sup> *Howard* <sup>County</sup> **MARYLAND**

Date of death *1908* <sup>Month</sup> *May* <sup>Day</sup> *18* <sup>Age</sup> *4* <sup>Years</sup> *no* <sup>Months</sup> *no* <sup>Days</sup> *no*

Sex *Female* Color or Race *White* Birth-place *Maryland*

Occupation *none* Where Residing if not at place of death *Ellicott City*

Married, Single or Widowed *Single* Name of Wife or Husband *none*

Father's Name *Charles P Radcliffe* Father's Birthplace *Maryland*

Mother's Maiden Name *Ruth S Shipley* Mother's Birthplace *Maryland*

Name of person giving information *Charles P Radcliffe* How related to deceased *Father*

## CAUSES OF DEATH

175

PHYSICIAN  
OR CORONER

Primary *Potomac poisoning* How long *3 days*

Immediate *Same (Throat was real)* How long *same*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *W. H. B. Rogers M.D.*

Address *Ellicott City Md*

~~Accident or Suicide?~~

St Johns Cemetery

Name  
in  
Full

No Name (Shelbourn Shipley)

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

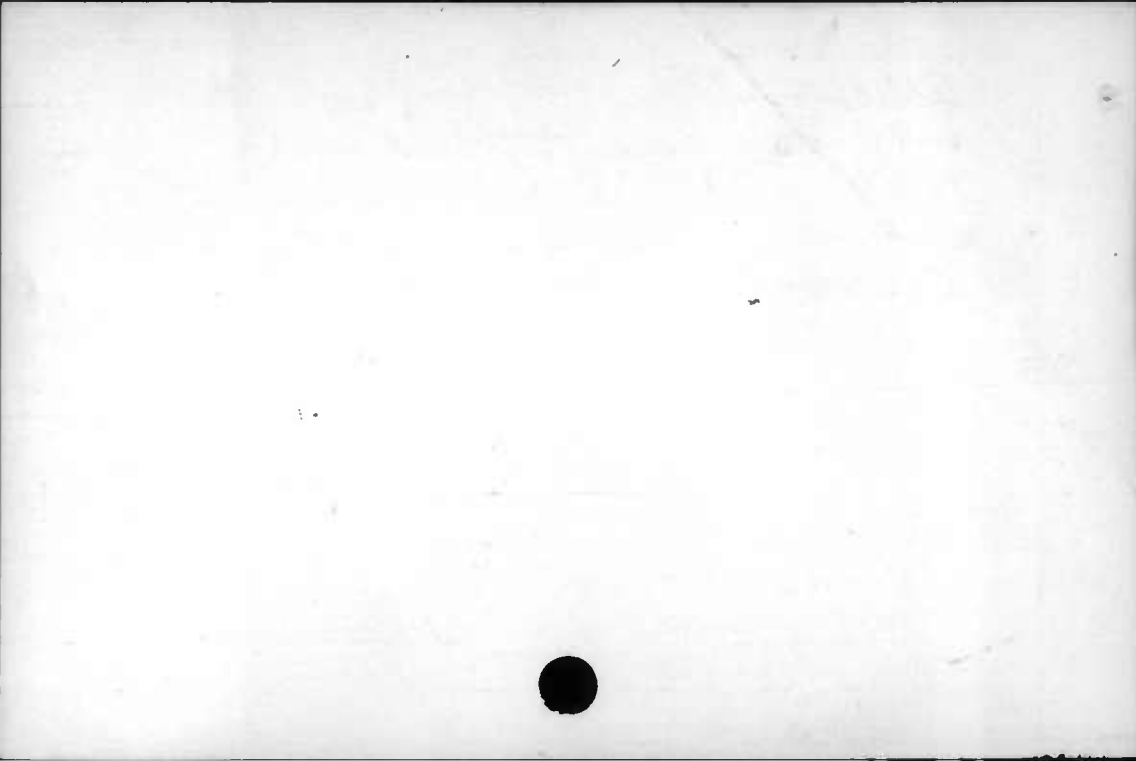
Died <sup>Town</sup> near Florence <sup>County</sup> Howard MARYLAND  
Date of death 1908 May 31 Age 3 Months Days  
Sex female Color or Race white Birth-place Howard Co  
Occupation \_\_\_\_\_ Where Residing If not at place of death \_\_\_\_\_

Married, Single or Widowed \_\_\_\_\_ Name of Wife or Husband \_\_\_\_\_  
Father's Name Joseph Shipley Father's Birthplace Howard Co Md  
Mother's Maiden Name Mary Shipley Mother's Birthplace Maryland "  
Name of person giving information Joseph Shipley How related to deceased Father

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary \_\_\_\_\_ How long \_\_\_\_\_  
Immediate Stillborn \_\_\_\_\_ How long \_\_\_\_\_  
Are the name, age, sex, color, date and place correctly given above? \_\_\_\_\_  
Signature of Physician R. O. Macfarland  
Address 61 Lisbon, Md  
Accident or Suicide? \_\_\_\_\_



Name  
in  
Full

Washington Towles

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Ellicott City</i> <sup>Town</sup>		<i>Howard</i> <sup>County</sup>		MARYLAND	
Date of death <i>1908</i>	<i>May</i> <sup>Month</sup>	<i>7</i> <sup>Day</sup>	<i>about 60</i> <sup>Age</sup>	<i>—</i> <sup>Months</sup>	<i>—</i> <sup>Days</sup>
Sex <i>Male</i>	Color or Race <i>(Col)</i>		Birth-place <i>not known</i>		
Occupation <i>Laborer</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband <i>not known</i>			
Father's Name <i>not known</i>			Father's Birthplace <i>not known</i>		
Mother's Maiden Name <i>not known</i>			Mother's Birthplace <i>not known</i>		
Name of person giving information <i>L A Pelkinger</i>			How related to deceased <i>none</i>		

## CAUSES OF DEATH

77

PHYSICIAN  
OR CORONER

Primary <i>Pericarditis</i>	How long <i>10 days</i>
Immediate <i>Heart failure</i>	How long <i>24 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>B. J. Rymer</i>
	Address <i>Ellicott City</i>
Accident or Suicide? <i>—</i>	

